| DED | _, | R | egistration District No | ⁶⁰ 318 | Primary Registratio | n District No. 100 | Kegistrar's No. | 900 | 2 . | ATE FILE NO | |
|-----|----------|---------------|--|--|--|--|--|--|--|---|--|
| | <u> </u> | 1 | . PLACE OF DEATH a. COUNTY | · | | • | 2. USUAL RESIDER | NCE (Where dece | | institution: | Residence before admission) |
| | | | b. CITY (If outside cor | rporate limits, give TOV | VNSHIP only) | Length of stay in 1b | c. CITY OR | | | | Inside Limits |
| | | | TÖŴN St. | Louis | | | | . Louis | | | Yes 🗆 No 🗀 |
| İ | | _ | c. FULL NAME OF (IF I | NOT in hospital, give I | ocation) | Inside Limits | d. STREET ADDRESS | (If | cutside, give lo | cation) | Reside on Farm |
| | | | | omer G. Phil | lips | Yes No | II _ | 020a Wab | ada | | Yes No |
| + | ┪╏ | 3 | . NAME OF DECEASED | First | | Middle | Last | 4. DATE | Month | Day | Year |
| | | | (Type or print) | Buford | | | Mott | OF DEATH | 9 | 10 | 60 |
| | | 5 | . SEX | 6. COLOR OR RACE | 7. Married | Mever Married □ | 8. DATE OF BIRTH | 9. AGE (last b | oirthday) IF UN | | |
| | | | Male | Negro | Widowed | ☐ Divarced ☐ | 9/19/89 | 70 | Mont | hs Days | Hours Min. |
| | | 10 | a. USUAL OCCUPATION | (Give kind of wark do: | ne 10b. KIND OF | BUSINESS OR INDUSTR | Y 11. BIRTHPLACE | City and state or | country) 12. | CITIZEN OF | WHAT COUNTRY |
| | | Re | during most of working tired Post | tal Labor | U.S. | Post Offic | e Hatties | burg. N | diss U. | S.A. | |
| | | 13 | a. FATHER'S NAME | | 13b. # | MOTHER'S MAIDEN NAM | NE. | 714. N. | AME OF HUSBAI | | |
| | | | Henry Mot | | | Unknown | <u> </u> | Ida | a Mae M | | |
| | | 15 (Y | . WAS DECEASED EVER | IN U.S. ARMED FORCE ves. give war or dates | S? 16. S | SOCIAL SECURITY NO. | 17. INFORMANT | | Address | | z. |
| | | | es, no, or unknown) (If | | | None | Ida Mae | Mott : | <u>5020a W</u> | | |
| | Ż | | 18. CAUSE OF DEATH PART I. | | | | | | | | TERVAL BETWEEN NSET AND DEATH |
| | × | | | IMMEDIATE CAUSE | | noma of Head | | | | | |
| 1 | DOCUMENT | | | | í | Metastatic R | | | | 1 | |
| | Ā | | A 77.4 | | | | | | | | |
| i i | | | | ns, if any, DUE TO |) (ь) | | Ga | strointe | <u>stinal T</u> | ract | Undet. |
| - | - | | which ga above of stating t | ns, if any, ave rise to cause (a), the under- suse last. DUE To | | | Ga | strointe 57人 | stinal T | ract | Undet. |
| | | N O | which ga above of stating t lying ca | eve rise to cause (a), he under- suse last. DUE TO OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO DEAT | 1 | 57X | PART III, If | deceased | was female was |
| | | ATION | which ga above of stating t lying ca | sve rise to tause (a), he under- tuse last. DUE To | CONDITIONS CO | ONTRIBUTING TO DEAT | 1 | 57X | PART III, If | deceased ere a pregnar | was female was ncy in last 90 days. |
| | | TIFICATION | which ga above c stating t lying ca PART II. | ave rise to cause (a), he under- lose last. DUE To OTHER SIGNIFICANT disease condition give | CONDITIONS Con in PART 1 (a) | , | 1 | 57 K | PART III. If the | deceased ere a pregnar | was female was ncy in last 90 days. No Unknown |
| | | CERTIFICATION | which gg above containing the stating to stating the stating of th | ove rise to land to la | CONDITIONS CO | , | / / / / / / / / / / / / / / / / / / / | 57 K | PART III. If the | deceased ere a pregnar | was female was ncy in last 90 days. No Unknown |
| | | | which go above containing to lying compared to l | ove rise to land to la | CONDITIONS CONTINUES IN PART 1 (a) | , | / / / / / / / / / / / / / / / / / / / | 57 K | PART III. If the | deceased ere a pregnar | was female was ncy in last 90 days. No Unknown |
| | | 3 | which gas above containing the stating the stating the stating to the stating that the stat | ave rise to last cause (a), he under last DUE To OTHER SIGNIFICANT disease condition give | CONDITIONS CONTINUES IN PART 1 (a) | , | / / / / / / / / / / / / / / / / / / / | 57 K | PART III. If the | deceased ere a pregnar | was female was ncy in last 90 days. No Unknown |
| | | | which gradove containing it lying containing it lying containing it lying containing the period of the period containing the period | Accident Sugar Sug | CONDITIONS | 20b. DESCRIBE HO | / / / / / / / / / / / / / / / / / / / | 57 the terminal O. (Enter nature of | PART III. If the the injury in PART | deceased ere a pregnar | was female was ncy in last 90 days. No Unknown |
| | | 3 | which gas above containing the stating of lying containing the stating containing containing the stating containing | Accident Succession of the under- suse (a), he under- suse (a), he under- suse (a), DUE To OTHER SIGNIFICANT disease condition give 20a. ACCIDENT SUIC Month, Day, Year D ORK 20e. PLA farr | CE OF INJURY (e.n., factory, street, o | g., in or about home, office bldg., etc.) | IH but not related to DW INJURY OCCURRED 201. CITY, TOWN, OF | 57 the terminal O. (Enter nature of | PART III, If the the injury in PART | decessed ere a pregnar Yes | was female was ncy in last 90 days. No Unknown of item 18.) |
| | | 3 | which gradove containing it lying containing it lying containing it lying containing the period of the period containing the period | Accident (a), he under last (a), he under last. DUE To OTHER SIGNIFICANT disease condition give 20a. ACCIDENT SUICE Month, Day, Year DO OTHER SIGNIFICANT SUICE (a) ACCIDENT SUICE (b) ACCIDENT SUICE (c) A | CE OF INJURY (e. | 20b. DESCRIBE HO | IH but not related to DW INJURY OCCURRED 201. CITY, TOWN, OF | 57 the terminal D. (Enter nature of R LOCATION d last saw ** ** ** ** ** ** ** ** ** ** ** ** ** | PART III. If the injury in PART | decessed ere a pregnar Yes | was female was not in last 90 days. No Unknown of item 18.) STATE |
| | ЭF | 3 | which ge above containing the stating of lying containing the stating containing containing the stating containing containing the stating containing containing the stating containing contai | Accident (a), he under- cause | CE OF INJURY (e.n., factory, street, c | 20b. DESCRIBE HO | TH but not related to the state of the state | o the terminal O. (Enter nature of R LOCATION d last saw him at and to the best or | PART III. If the the injury in PART COU | decessed ere a pregnar Yes | was female was ney in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED |
| | 1π OF | MEDICAL | which ge above control of the part of the | Ave rise to cause (a), he under- cause (a), he unde | CCE OF INJURY (e.n., factory, street, c) | g., in or about home, office bldg., etc.) | 20f. CITY, TOWN, OF the date stated above, 122b. ADDRESS 2601 No. 1 | 57 k De the terminal De (Enter nature of the control of the cont | PART III. If the the injury in PART COU | deceased are a pregnar Yes to r PART II | was female was ncy in last 90 days. No Unknown of item 18.) |
| | ļ, | MEDICAL | which ge above containing the stating of lying containing the stating containing containing the stating containing the stating containing c | Ave rise to cause (a), he under- cause (a), he unde | CCE OF INJURY (e.n., factory, street, c) | .g., in or about home, office bldg., etc.) | 20f. CITY, TOWN, OF the date stated above, 122b. ADDRESS 2601 No. 1 | o the terminal O. (Enter nature of R LOCATION d last saw him at and to the best or | PART III. If the the injury in PART COU | deceased are a pregnar Yes to r PART II | was female was ney in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED |
| | ļ, | WEDICAL 23 | which grapes above containing the stating of the st | Ave rise to last clause (a), he under last (a), he under last (b), he under last (b). DUE To the under last (b) DUE To the under last (b) DUE To the under last (b) DUE To the under last (b). DUE To the under last (b) DUE To the under last (b). DUE To the under last (b) DUE To the under last (b). DUE To the under last (b) DUE To the under last (c) DUE To | CE OF INJURY (e.n., factory, street, c) 23c. NAM Gr | 20b. DESCRIBE HO | 20f. CITY, TOWN, OF the date stated above, and the stated above, a | 57 k o the terminal O. (Enter nature of R LOCATION d lest saw him al and to the best of Whittier 23d. LOCATION (| PART III. If the injury in PART COL ive on frwy knowledge Sto | decessed are a pregnar Yes | was female was ncy in last 90 days. No Unknown of item IB.) STATE 3-60 22c. DATE SIGNED 9-12-60 |
| | | WEDICAL 23 | which ge above containing the stating of lying containing the stating containing containing the stating containing the stating containing c | Accident Significant disease condition give the under last. OTHER SIGNIFICANT disease condition give the under last. 20a. ACCIDENT SUICE Month, Day, Year farrows. Description of the under last disease from 9. 20b. DATE 9/16/60 | CE OF INJURY (e.n., factory, street, or title) CONDITIONS CONTROL OF THE CONTROL | 20b. DESCRIBE HO | 20f. CITY, TOWN, OF the date stated above, and the stated above, and the date stated above ab | 57 k o the terminal O. (Enter nature of R LOCATION d lest saw him al and to the best of Whittier 23d. LOCATION (| PART III. If the injury in PART COL ive on frwy knowledge Sto | decessed are a pregnar Yes | was female was not in last 90 days. No Unknown of item 18.) STATE STATE -60 auses stated. 22c. DATE SIGNED 9-12-60 (State) |

ment of the section of the section

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Student Embalmer No._ or by.

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Student_

Signature of Student Embalmer

Signed. Licensed Embalmer No.

1825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con

with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.